

The standard scientific method for testing the effectiveness of a treatment is called a "placebo-controlled, double-blind study." Two groups of people are selected so as to be basically identical in all important respects. One group is then given the treatment that is being tested, and the other group is treated in exactly the same way except that they are given a simulated treatment, or a "placebo," or "sugar pill." Neither the patients nor the staff know who is receiving which treatment. Thus, they are called "blind." The two groups are then compared to see how well each group does following treatment.

The most thorough and authoritative review of studies testing the effectiveness of shock treatment has been done by Crow and Johnstone, both proponents of shock treatment, whose work has been included in books published by Oxford University Press and the New York Academy of Sciences. The latter book was based upon papers presented at a conference co-sponsored by the New York Academy and the National Institute of Mental Health, which invited Crow and Johnstone to address this issue due to their expertise. In their paper, Crow and Johnstone conclude: "Depressed patients treated with simulated ECT show substantial improvement....Whether electrically induced convulsions exert therapeutic effects...has yet to be clearly established." In other words, there is no convincing scientific evidence that shock treatment is effective in the treatment of depression.

Crow and Johnstone, and others, have accepted only three studies of shock treatment in the treatment of depression as having been both properly placebo-controlled and double-blind. The results of these three studies are strikingly similar. According to all of the tests that were given 1-6 months after treatment during these three studies, those who received simulated shock treatment improved as much as did those who received real shock treatment. Even 1-3 days after treatment, when the euphoric effect of the electrically induced concussion is most evident, on three of the five tests that were given, the advantage shown by real treatment is not statistically significant.

Moreover, concerning one of the two tests that did show a statistically significant advantage to real treatment, the authors acknowledge "the size of the difference between the two groups is not large" and "the findings of this study offer no support for the view that the benefits of repeated convulsions are substantial."

The other test that showed a statistically significant advantage to real treatment is called into question by Crow and Johnstone due to certain problems with the methods used to do the calculations.

Regardless, the overall conclusion is compelling. Whether due to the power of suggestion, the benefit of routine support from nursing staff, spontaneous healing, or a combination of the three, those who received simulated shock treatment improved dramatically, and on most measures, even 1-3 days right after treatment, they improved as much as did those who had electricity pass through their brains.

The results of the three tests that were conducted by psychiatrists during these three studies are illustrated in the following graph. The solid line indicates the degree of depression shown by those who received real treatment, and the broken line indicates the same for those who received simulated treatment.